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Bib Data Sheet

CONFIRMATION NO. 9891

SERIAL NUMBER 09/682,235	FILING DATE 08/08/2001 RULE	CLASS 382	GROUP ART UNIT 2625	ATTORNEY DOCKET NO. RD-28512
APPLICANTS David Allen Langan, Clifton Park, NY; Jean Lienard, Clamart, FRANCE; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/15/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 37
EXAMINER'S SIGNATURE _____ INITIALS _____		INDEPENDENT CLAIMS 6		
ADDRESS 23465 JOHN S. BEULICK C/O ARMSTRONG TEASDALE, LLP ONE METROPOLITAN SQUARE SUITE 2600 ST LOUIS, MO 63102-2740				
TITLE Methods for improving contrast based dynamic range management				
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	



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CONFIRMATION NO. 9891

SERIAL NUMBER 09/682,235	FILING DATE 08/08/2001 RULE	CLASS 382	GROUP ART UNIT 2621	ATTORNEY DOCKET NO. RD-28512	
APPLICANTS David Allen Langan, Clifton Park, NY; Jean Lienard, Clamart, FRANCE;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/15/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 6
ADDRESS 23465					
TITLE Methods for improving contrast based dynamic range management					
FILING FEE RECEIVED 1256	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		